

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 216 Brookside Avenue CITY AND ZIP CODE: Redlands, CA 92373 BRANCH NAME: Redlands District	FOR COURT USE ONLY
TITLE OF CASE:	CASE NUMBER:
LIST OF REQUIRED CONTACT INFORMATION FOR CONSERVATORSHIPS	HEARING DATE:

Pursuant to Probate Code sections 1826 and 2684, you must complete and return this form. The Probate Investigator's Office is required to contact the proposed conservatee's spouse or registered domestic partner, their relatives in the first and second degree, as well as neighbors and close friends, if known, in order to complete an investigation.

Relatives in the first degree consist of the proposed conservatee's parents and children eighteen (18) years of age and over. Relatives in the second degree consist of siblings, grandparents and grandchildren eighteen (18) years of age and over.

A registered domestic partner is an individual over the age of eighteen (18) years who is of the same gender; or over the age of sixty-two (62) years and are of the opposite sex, and are eligible for Social Security benefits for old aged individuals; share the same residence as the proposed conservatee; not married to someone else; and have filed a Declaration of Domestic Partnership with the Secretary of State (Family Code section 297).

This pertinent information must be submitted immediately, to allow the Probate Investigator's Office sufficient time to prepare a report prior to the hearing date.

Name and Relationship to Proposed Conservatee

Address (number, street, city, state, and zip code) & Telephone Number

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

☐ Check box if additional attachments are necessary to list all parties

Please complete and return to Clerk's Office with the Petition

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TITLE OF CASE: _____	CASE NUMBER: _____
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OPTIONAL ATTACHMENT TO NOTIFICATION TO PROBATE INVESTIGATOR'S OFFICE

Name and Relationship to Conservatee

Address (number, street, city, state, and zip code) & Telephone Number

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Name: _____ Address: _____

Relationship: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

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